IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

50.00 Paid 11-02-05

PERMIT# 12432 PIN# 4639 61 5556.006 4639508770 DATE 10/19/05

OWNER OR APPLICANT JEC Associates PHONE: Business _____ Home _____

ADDRESS PO Box 386 Sherrills Ford NC 28673

LOCATION Perth TL Lin TK Bay Crossing TL Sleepy Cove on Lt.

SUBDIVISION Bay Crossing BLOCK / SECTION _____ LOT 2 LOT AREA 0.74Ac +/- SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 338 Date 12-9-05

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Pump 25% Reduct.

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons _____ No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

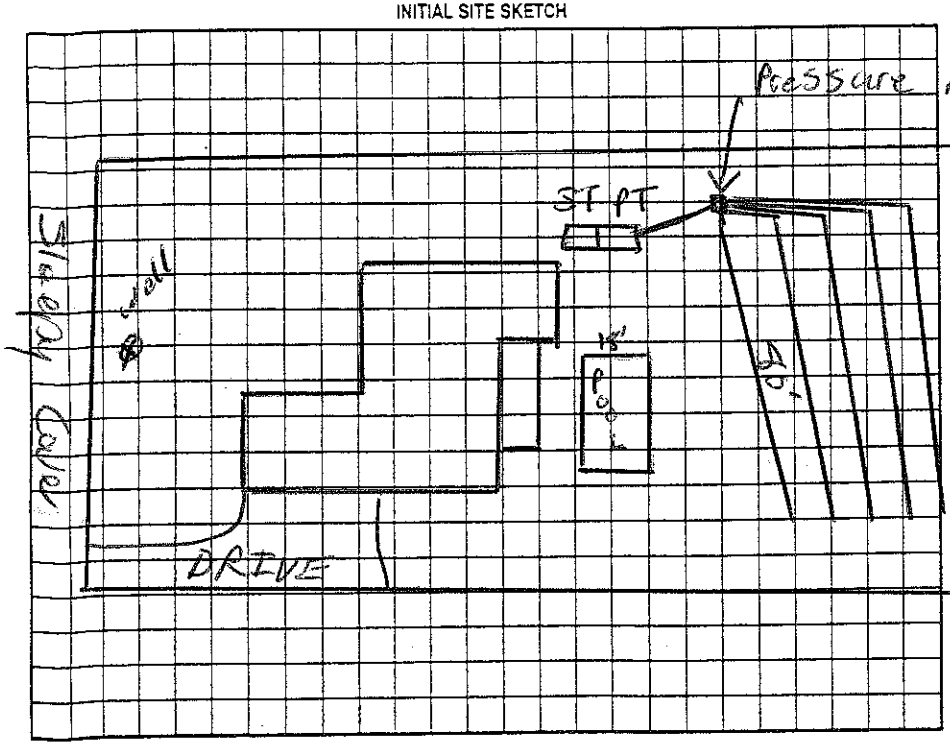
1"=50'

Comments:/Conditions: Checked tanks & lines 2/16/06 mo

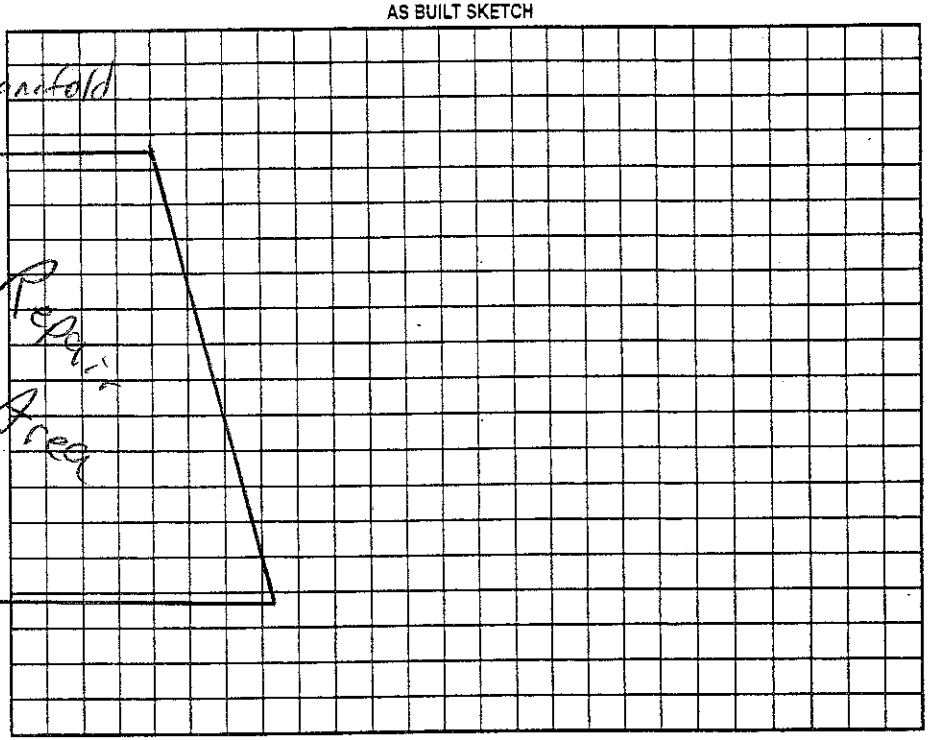
Installed Quick 4 as shown

Checked Flow Dissipater 2/17/06 mo

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____ Installed by: Marty Tucker

Improvement Permit by: _____ RS date 10/19/05 Operation Permit by: _____ RS date 4/28/06

Authorization to Construct by: _____ RS date 10/19/05 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK